

**MAINE TUBERCULOSIS CONTROL PROGRAM PREVENTIVE TREATMENT REFERRAL****PHONE: 287-3748 FAX: 287-6865**

CLIENT NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ SEX: M \_\_\_ F \_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

COUNTRY OF BIRTH \_\_\_\_\_

LANGUAGE SPOKEN \_\_\_\_\_

Parent's Name \_\_\_\_\_

(If patient is under 15 years of age)

If student, the health center nurse is aware of referral: Yes ☐ No ☐

Reason Test Done \_\_\_\_\_

**HIGH RISK**

CONVERTER \_\_\_\_\_

FOREIGN BORN \_\_\_\_\_

CONTACT \_\_\_\_\_

CHILD UNDER AGE 15 \_\_\_\_\_

IMMUNO COMPROMISED \_\_\_\_\_

Race: White Black American Indian/Alaskan Asian/Pacific Islander

CONGREGATE SETTING \_\_\_\_\_

Ethnicity Hispanic Non-Hispanic

OTHER \_\_\_\_\_

Mantoux PPD Date: \_\_\_\_\_

Results: \_\_\_\_\_ mm

Previous PPD Date: \_\_\_\_\_

Results: \_\_\_\_\_ mm

Chest X-ray Date: \_\_\_\_\_

Results: (N/Abn) \_\_\_\_\_

Were Liver Function Tests Done? Yes \_\_\_\_\_ No \_\_\_\_\_ Results: (N/Abn) \_\_\_\_\_

HIV Status: Known? Yes ☐ No ☐Hepatitis? Yes ☐ No ☐Chronic renal failure? Yes ☐ No ☐Homeless? Yes ☐ No ☐Pregnant? Yes ☐ No ☐Pulmonary silicosis? Yes ☐ No ☐Injection Drug Use? Yes ☐ No ☐Diabetes mellitus? Yes ☐ No ☐Gastric by-pass? Yes ☐ No ☐Leukemia/lymphoma? Yes ☐ No ☐Cancer of head/neck? Yes ☐ No ☐Prolonged high-dose steroid therapy or other intensive immunosuppressive therapy? Yes ☐ No ☐

Prescribing Physician: \_\_\_\_\_ MD \_\_\_ DO \_\_\_ Primary Care Provider \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone: \_\_\_\_\_

**DRUG REQUEST** Daily ☐ Bi-Weekly ☐ DOPT ☐ **START DATE** **TERMINATION DATE**

ISONIAZID: \_\_\_\_\_ mg

\_\_\_\_\_

\_\_\_\_\_

ETHAMBUTOL: \_\_\_\_\_ mg

\_\_\_\_\_

\_\_\_\_\_

PYRIDOXINE: \_\_\_\_\_ mg

\_\_\_\_\_

\_\_\_\_\_

RIFAMPIN: \_\_\_\_\_ mg

\_\_\_\_\_

\_\_\_\_\_

PYRAZINAMIDE : \_\_\_\_\_ mg

\_\_\_\_\_

\_\_\_\_\_

Person Referring: \_\_\_\_\_

Date: \_\_\_\_\_

For TB Control Use Only

Referral Sent To: \_\_\_\_\_

Date Sent: \_\_\_\_\_ By Whom: \_\_\_\_\_

**PHARMACY**

PT. ID# \_\_\_\_\_